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## \*BIBDATASHEET\*

CONFIRMATION NO. 1755

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/725,089	<b>FILING OR 371(c) DATE</b> 12/01/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 3896-031546 (P-6061)
<b>APPLICANTS</b> Jamieson Crawford, New York, NY;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 03/02/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 24
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 26253				
<b>TITLE</b> SELECTIVELY PASSIVE SHIELDABLE MEDICAL NEEDLE DEVICE				
<b>FILING FEE RECEIVED</b> 1142	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	